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ABSTRACT

This study was conducted to examine how old and very old people cope with the difficult situations in their lives. The main goals of the study were to develop a measure for the identification of coping patterns in the old and very old, identify coping patterns, and investigate those patterns with respect to age and subjective well-being. Development of a 13-item Coping Patterns Schedule was based on previous categorization of coping statements in interviews with very old respondents (Kruse, 1990) and inspection of the gerontological coping literature. In a pilot study involving 112 subjects, the validity of the measure was established. As part of the Berlin Aging Study, the Coping Patterns Schedule and the Philadelphia Geriatric Center Morale Scale were administered to assess coping patterns and subjective well-being in a representative sample (N=150) of men and women between 70 and 105 years of age. Analyses revealed that, overall, old and very old subjects reported instrumental and problem-focused rather than escapist and regressive coping strategies. Four coping patterns were identified: regressive, passive, self-reliant and stubborn, and rich resources. Coping patterns showed only weak relationships with age. Level of well-being differed significantly between coping patterns. "Regressive" copers reported a significantly lower level of well-being than did copers with "self-reliant/stubborn" and "rich resources" patterns.
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DIFFERENTIAL COPING PATTERNS IN OLD AGE

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Paper presented in the symposium "New insights into aging among the very old" at the 44th Annual Scientific Meeting of the Gerontological Society of America, San Francisco, November, 1991.

The research reported is part of the multidisciplinary Berlin Aging Study (BASE). BASE is conducted by the Committee on Aging and Societal Development (AGE) of the Academy of Sciences and Technology in Berlin in collaboration with the Free University, Berlin and the Max Planck Institute for Human Development and Education. BASE is financially supported by the German Federal Department of Research and Technology (13 TA 011). Additional funds are provided by the Free University, Berlin and the Max Planck Institute for Human Development and Education, Berlin. We wish to thank the central project organization associated with BASE, the team of dedicated interviewers who collected these data, together with Kerstin Haenel and Andreas Overmann for data organization.

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Abstract

The main goals of the present study (N=150) were threefold: to develop a measure for the identification of coping patterns in the old and very old, identify coping patterns and investigate those patterns with respect to age and subjective well-being. Development of a 13-item Coping Patterns Schedule was based on previous categorization of coping statements in interviews with very old respondents (Kruse, 1990) and inspection of the gerontological coping literature. In a pilot study (N=112) the validity of the measure was established. As part of the Berlin Aging Study the Coping Patterns Schedule and the Philadelphia Geriatric Center Morale Scale were administered to assess coping patterns and subjective well-being in a representative sample of men and women between 70 and 105 years. Analyses revealed that overall old and very old subjects reported instrumental and problem-focused rather than escapist and regressive coping strategies. Four coping patterns were identified which ranged from the adaptive and self-reliant to the passive and regressive type. Coping patterns only showed weak age relations. Level of well-being differed significantly between coping patterns. These results confirmed previous findings that old and very old people do not report more regressive coping behavior than younger adults and that rather than chronological age characteristics of the coping patterns are related to well-being.

DIFFERENTIAL COPING PATTERNS IN OLD AGE

How do old and very old people cope with the difficult situations in their lives? Do old and very old people differ in the coping patterns they report? Is well-being related to the reported coping patterns? These are the three central questions of my presentation today.

Sample

Let me start by describing the sample and the measures we used. The data were collected as part of the Berlin Aging Study, called BASE. Currently a probability sample of N=150, stratified by age and gender, is available. (Overhead 1) Members of the sample are community-dwelling and institutionalized West Berlin residents aged 70 to 105 years. 26 percent of those contacted took part in the study. The mean age is 82.3 years. 63 percent are between 70 and 84 years and 37 percent are between 85 and 103 years old. 51 percent were male and 49 were female. 11 percent were living in institutions. Compared to Berlin census data, the sample is less than one fifth of a standard deviation higher in level of income and of education. To summarize the sample has two special features: first, the sample may be called representative of the West-Berlin population aged 70 to 105 years and second, via age stratification a relatively high proportion of very old subjects is included.

Measures

To assess the coping behavior in this probability sample of old and very old subjects the Coping Pattern Schedule was developed. You may wonder why a new instrument had to be designed as quite a number of coping questionnaires are already available. Several goals and characteristics of the Berlin Aging Study guided the development of this instrument. First, the questionnaire had to fit the necessities of data collection in a sample ranging from 70 to 105 year olds. This involves on the one hand short and clear item wording and on the other hand age-appropriateness of item content. Second, the

questionnaire could not take longer than 10 minutes because it was meant to become part of a larger battery on self and personality.

With these goals in mind, we decided to take advantage of previous findings from the largest German aging study: the Bonn Longitudinal Study (e.g., Kruse, 1987, 1990; Lehr & Thomae, 1987). That study had identified eight types of coping behavior based on an analysis of open interviews about coping with problems typical to old age. (Overhead 2) We developed items to capture these eight coping types and labelled them as you can see on the transparency: keep going; distraction; adaptation to the given; wanting to know; seeking of social support; ups and downs; giving up; life loses meaning.

In addition we included items for two strategies recently reported in research on social cognition (e.g., Taylor & Brown, 1988; Wood, 1989) and the self in old age (e.g., Brandstädter & Baltes-Götz, 1990; Suls & Mullen, 1982). The two additional coping strategies involved the comparison with others on the one hand and with achievements in one's former life on the other hand. Items dealing with "humor" and "faith" as coping strategies were also included because they had been reported as having specific relevance for coping in old age (e.g., Koenig, George, & Siegler, 1988; Kahana & Kahana, 1975). Finally, an item was added which explicitly addresses regressive tendencies, the wish for someone else to take over.

In all there were thirteen items which were presented to subjects using a five-point scale answering format. The items were constructed not - as is usually the case - to form coping scales but rather to identify different coping patterns. In a pilot study the wording of items was tested and refined. A validation study with a convenience sample of 112 subjects revealed high correlations between the 13 items of the Coping Pattern Schedule and the scales of a standard German coping checklist. For the assessment of subjective well-being the Philadelphia Geriatric Center Morale Scale was administered.

Description of coping behavior in a sample covering this age range

Now that we have these technicalities out of the way, let me turn to describing the range of coping behavior one might expect from persons aged 70 to 105 years. Although few previous studies have covered that age range, several hypotheses can be proposed.

In the 70ies, for example, Pfeiffer (1977) speculated that with increasing age also regressive tendencies increase. In the same year, however, Vaillant (1977) reported an age-related increase in mature coping mechanisms. More and more of the recent evidence points in the latter direction or speaks for stability in coping behavior. For example, data from the Baltimore Longitudinal Study (McCrae, 1982, 1984, 1989) demonstrated a lack of age differences in the endorsement of coping mechanisms. Whenever there were differences between age groups, it seemed to be a function of stress type rather than of chronological age. Moreover, several studies show that, if anything, older adults are consistently less inclined than younger adults to rely on hostile reactions and escapist fantasies (e.g., Aldwin, 1991; Iron & Blanchard-Fields, 1987).

So, we expected a high endorsement of instrumentally oriented strategies such as wanting to know or keep going (Kahana, Kahana, & Young, 1987). Evidence from the Duke Longitudinal Study and from Vaillant's Longitudinal Study suggested that those strategies may be supplemented by adaptation to the given, faith and possibly also humor (Vaillant, 1977; Koenig, George, & Siegler, 1988). We were also curious to find out how the items representing downward and upward comparisons would come out. Such strategies are discussed as being important in explaining the maintenance of high well-being even in the face of adversity (e.g., Baltes & Baltes, 1990). (Overhead 3)

So what strategies were reported by our sample? The two comparison strategies came out highest in the rank ordering of coping mechanisms. Considering that the individuals in our sample are the survivors of two world wars, this finding, especially as far as the comparison with problems mastered earlier in life is concerned, is not surprising.

However, it may also be the case that the high ranking of these comparative strategies is not so much a cohort but an age effect.

As expected the two instrumental and problem-focused ways of coping, keep going and wanting to know, were next in the rank order. Adaptation to given circumstances and the realization that emotionally one alternates between being up and being down shared the fifth rank. Both may be called realistic ways of cognitive-emotional coping. The degree of endorsement of these strategies is in line with findings that old people are better able and willing than younger adults to adapt their goal hierarchies when confronted with difficulties (Brandstädter & Renner, 1989).

Faith and humor came out in the middle. The lower ranks were covered by so-called escapist and regressive ways of coping. Only the strategy of seeking social support did not fit this pattern. Our interpretation of this finding is that on the one hand it may have to do with the sheer availability of other people which indeed decreases with increasing age. The correlation between the coping strategy of "seeking social support" and the number of close relationships was significant ($r=.18$, $p=.04$). On the other hand the low rank of "seeking social support" may also represent a cohort effect such that these cohorts were socialized (at least this is true for Germany) in the belief that one has to cope with difficulties by oneself and should not turn to others for help.

Coping patterns

To explore the coping patterns present in the sample we performed a cluster analysis on the thirteen items using the hierarchical Ward method and a subsequent refinement of group composition by employing the non-hierarchical k-means procedure. Results indicated a four cluster solution.

(Overhead 4) The first pattern was characterizing 19 subjects and was labelled "regressive". Participants with this coping pattern showed a higher tendency than subjects with other patterns to give up, to find life meaningless, to wish someone would take over and solve all the problems, and to take their thoughts off the problem. We

should bear in mind, however, that subjects reporting this coping pattern at the same time endorsed strategies like want to know and comparisons and also that with only 19 subjects reporting this pattern the frequency with which this pattern was found is about half of what a probability distribution across four patterns would suggest ($150 : 4 = 35$).

The second pattern was reported by 43 participants and labelled "passive". It is characterized by the endorsement of humor, social support, the acknowledgement of the emotional ups and downs, and a moderate indication of regressive tendencies.

The third pattern which was shown by 35 subjects may be labelled "self-reliant and stubborn". It is characterized by no regressive tendencies, no seeking of social support, no endorsement of faith, humor, adaptation to the given or distraction from the situation.

Finally, the fourth and most frequently endorsed pattern was reported by 53 subjects and may be labelled "rich resources". It is characterized by the availability of a great variety of coping behaviors of the non-regressive type.

Among those four, are there coping patterns which are more characteristic for the old than for the very old or vice versa?

(Overhead 5) Old and very old people were not equally distributed across the four patterns ($p=0.04$). Specifically, this significant difference is due on the one hand to the fact that the "regressive" coping pattern was reported by more very old than old people. And on the other hand it involves the passive coping pattern which characterizes three times as many old as very old people. No difference between the old and the very old was found, however, for the rich resource pattern. When considering the age distribution specific to the respective coping patterns one has to keep in mind that with respect to the whole sample only 21 percent (that is 12 of 54) of the very old people were characterized by the regressive coping pattern and 37 percent of the very old subjects were identified as rich resource copers.

Therefore, the higher incidence of regressive copers in the very old age group, in our view, does not support Pfeiffer's general hypothesis of regression due to age. Rather, I

would want to make the argument that as other recent research on the very old has shown (Kruse, 1990) self-maintenance strategies only hold up as long as objective restrictions, as related for example to health or to living conditions, do not surmount a certain level of severity. Thus, we would expect that not all very old people become regressive copers but most likely the ones who are having to deal with a great amount of constraints or used to be regressive copers all their lives. This interpretation is finds some support in the fact that the group of "regressive" copers also showed the lowest level of subjective and objective health (grip strength) among the four patterns.

Now to the last question: Does the level of well-being differ across the four coping patterns?

(Overhead 6) When we compared the four coping patterns on their level of subjective well-being, we expected, as for example a study by Kahana, Kahana and Young (1987) on coping and adaptation had demonstrated that the "regressive" copers would show a lower level of well-being than the other three types. And indeed we found a highly significant difference ($F(3, 149)=4.85, p=.003$) between the four coping patterns. The "regressive" copers, as expected reported a significantly ($p=.05$) lower level of well-being than both the copers with the "self reliant/stubborn" and the "rich resources" patterns.

Whether this is to be interpreted as an outcome or an antecedent or whether other variables such as control beliefs, personality dimensions or sociodemographic variables may mediate this relationship remains to be analyzed. Nevertheless, it is interesting to note that within the range of identified coping patterns the availability of a high variety of coping strategies seemed to be most conducive to a high level of subjective well-being. Just as a multifaceted self-definition seems to be protective (e.g., Thoits, 1983), so might the availability of multiple coping strategies. Except for regressive and depressive ways of coping, the variety of available coping behaviors to choose from seemed to be more important than the particular coping strategy endorsed.

Summary and conclusion

To summarize I would like to make four points. First, we could show that the newly developed Coping Pattern Schedule yielded meaningful results in a sample of old and very old subjects.

Second, in line with research on coping in old age we find that a sample of old and very old adults overall is characterized by a high endorsement of instrumental and problem-focused strategies. This finding is even strengthened by the fact that we were working with a representative and not a convenience sample and that a sizeable number of very old people were included.

Third, even in the very old age group only 21 percent were characterized by a regressive coping pattern. Those subjects reported a lower level of well-being and worse health than members of the other coping patterns.

Finally, the largest number of subjects, irrespective of age group, reported what was called a "rich resource" pattern. Those subjects were also the most satisfied in the sample. The characteristics of this pattern seem to indicate that also in terms of coping, as it is the case with a lot of other personality and self constructs, the variety to choose from is more important than specific modes.

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BASE Probability Sample

(Stratified by Age and Gender)

	Old 70-84	Very Old 85-103	Total Sample 70-103
N (%)	94 (62.7)	56 (37.3)	150 (100)
Mean Age	76.5	91.7	82.3

Berlin Aging Study (BASE)
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Coping Pattern Schedule

1	want to know
2	keep going
3	adaptation to the given
4	social support
5	ups and downs
6	distraction
7	giving up
8	life loses meaning
9	comparison with other people
10	comparison with former life
11	faith
12	humor
13	someone to take over

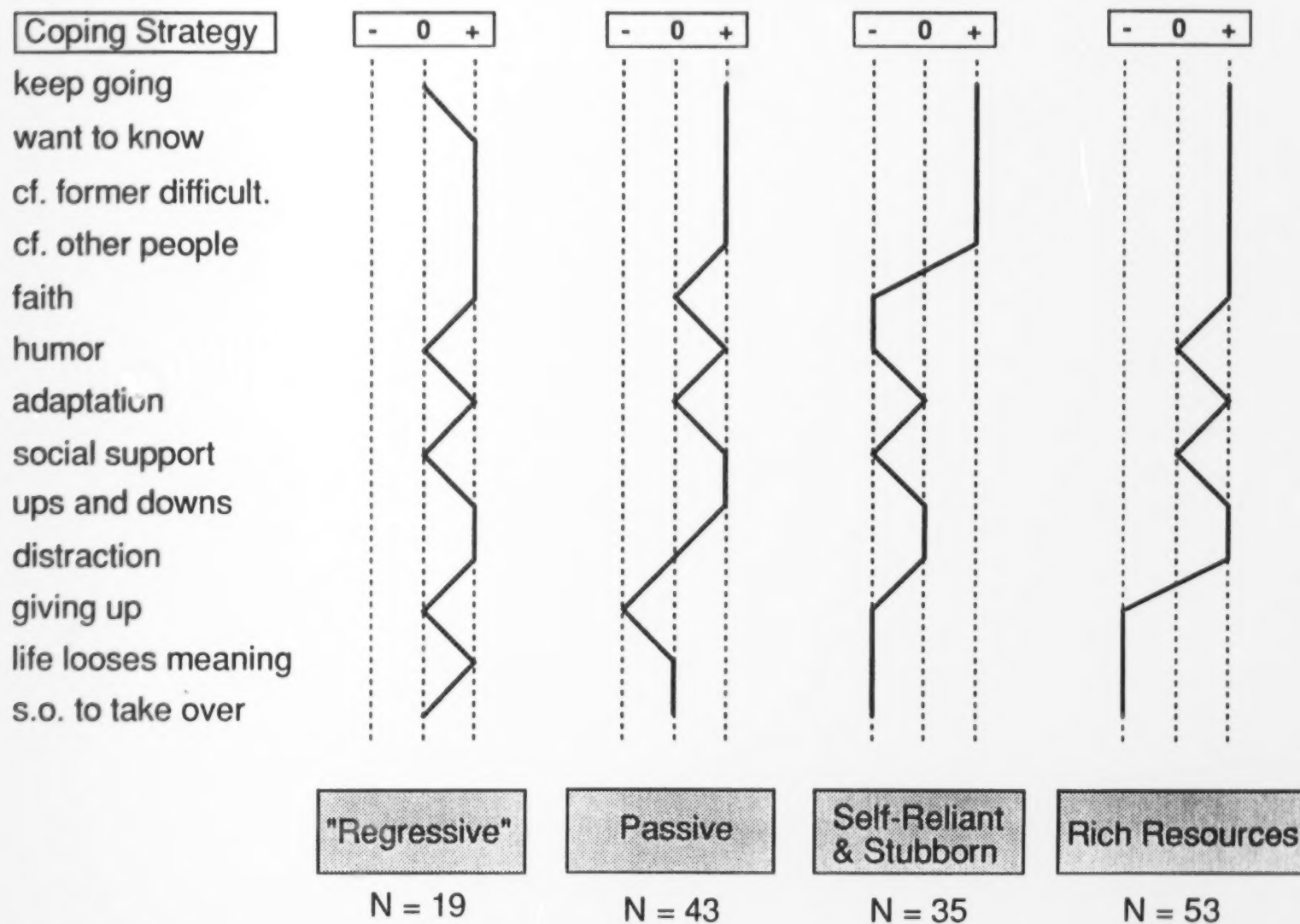
Rank Order of Coping Strategies in a Sample of Old and very Old

Rank	Coping Strategy (label)	M (SD)
1	comparison with former life	4.13 (.62)
2	comparison with other people	3.95 (.88)
3	keep going	3.93 (.72)
4	want to know	3.91 (.73)
5	adaptation	3.62 (.86)
5	ups and downs	3.61 (.79)
7	faith	3.37 (1.2)
8	humor	3.29 (1.05)
9	distraction	3.14 (.97)
10	social support	2.75 (1.07)
11	someone to take over	2.45 (1.08)
12	life loses meaning	2.44 (1.03)
13	giving up	2.41 (.98)

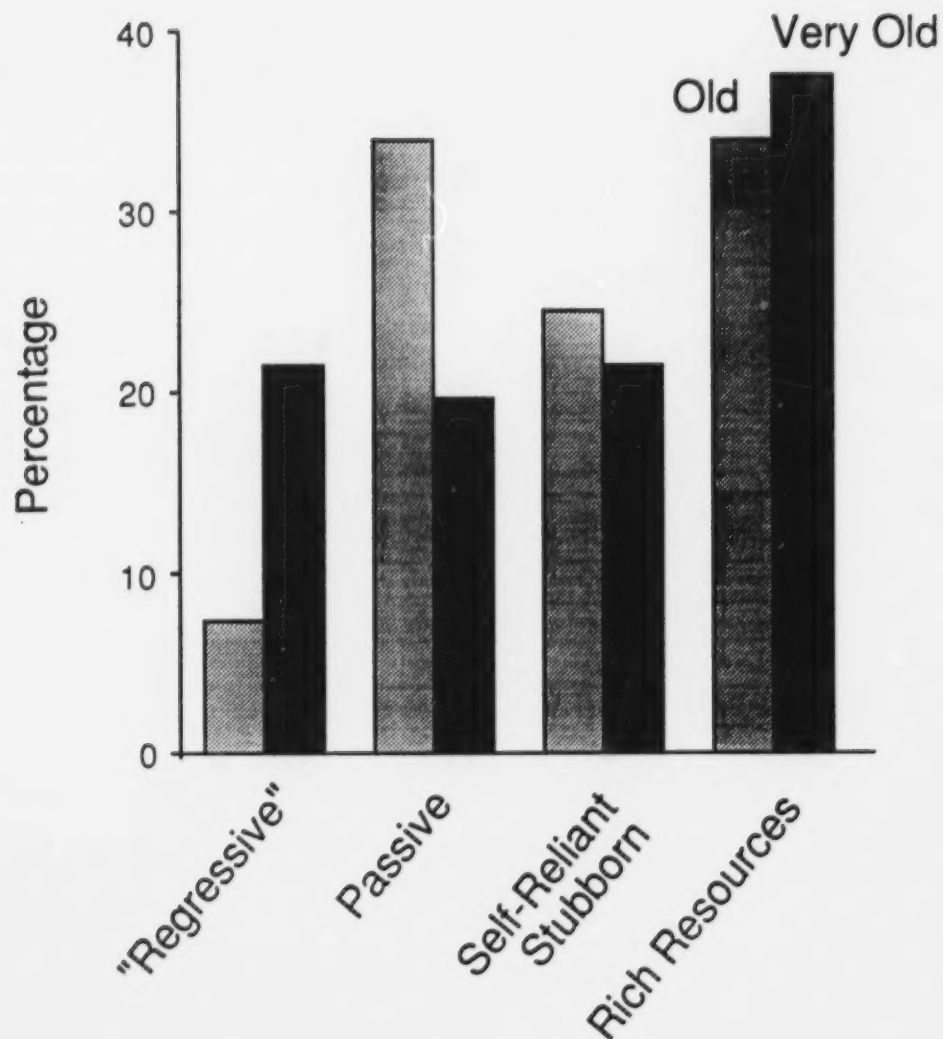
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Description of Coping Patterns



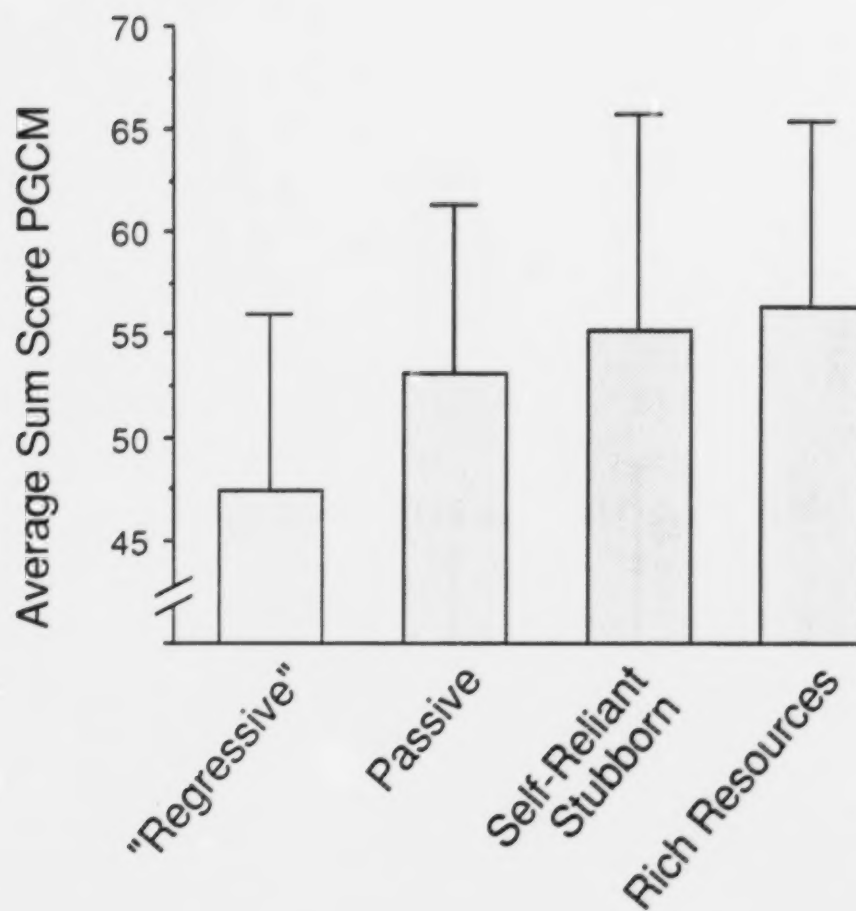
Age Groups in Four Coping Patterns



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Well-Being in Four Coping Patterns



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